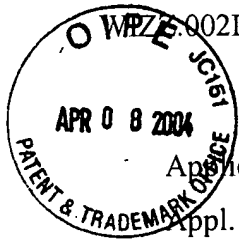


3624

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PATENT



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

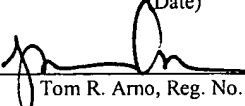
Applicant : Teddy A. Demirjian  
Appl. No. : 09/658,332  
Filed : September 8, 2000  
For : TRANSACTION AND ACCOUNT  
MANAGEMENT SYSTEM  
Examiner : Sally Shih  
Group Art Unit : 3624

## CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 5, 2004

(Date)

  
Tom R. Arno, Reg. No. 40,490AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

APR 13 2004

**GROUP 3600**

Dear Sir:

In response to the Office Action dated October 3, 2003, Applicant submits the following amendment and remarks for consideration in the above-referenced patent application. Applicant thanks the Examiner for reviewing the instant application.

04/09/2004 CCHAU1 00000144 09658332  
01 FC:2253 475.00 OP

**AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : Teddy A. Demirjian  
 App. No. : 09/658,332  
 Filed : September 8, 2000  
 For : TRANSACTION AND  
 ACCOUNT MANAGEMENT  
 SYSTEM  
 Examiner : S. Shih  
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April 5, 2004

(Date)

Thomas R. Arno, Reg. No. 40,490

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

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APR 13 2004

**GROUP 3600**

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 6 pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

| FEE CALCULATION    |            |              |                      |              |
|--------------------|------------|--------------|----------------------|--------------|
| FEE TYPE           |            | FEE CODE     | CALCULATION          | TOTAL        |
| Total Claims       | 3 - 20 = 0 | 2202 (\$9)   | 0 x 9 =              | \$0          |
| Independent Claims | 1 - 5 = 0  | 2201 (\$43)  | 0 x 43 =             | \$0          |
| Multiple Claim     |            | 2203 (\$145) |                      | \$0          |
| 3 Month Extension  |            | 2253 (\$475) |                      | \$475        |
|                    |            |              | <b>TOTAL FEE DUE</b> | <b>\$475</b> |

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

- (X) A check in the amount of \$475 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



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Thomas R. Arno  
Registration No. 40,490  
Attorney of Record  
Customer No. 20,995  
(619) 235-8550